

FINANCIAL AFFIDAVIT

CJA 23
(Rev. 5/98)

IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE

IN THE UNITED STATES
IN THE CASE OF☒ MAGISTRATE ☐ DISTRICT ☐ APPEALS COURT or ☐ OTHER PANEL (Specify below)

U.S. VS. BURNS

FOR

AT

LOCATION NUMBER

ND12

PERSON REPRESENTED (show your full name)

LEON BURNS

CHARGE/OFFENSE (describe if applicable in the box)

18 USC 646

☐ Felony
☐ Misdemeanor

- ☐ Defendant - Adult
☐ Defendant - Juvenile
☐ Appellant
☐ Probation Violator
☐ Parole Violator
☐ Habeas Petitioner
☐ 2255 Petitioner
☐ Material Witness
☐ Other (Specify)

DOCKET NUMBERS

Magistrate

District Court

08CR4024

Court of Appeals

ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

ASSETS	EMPLOYMENT	Are you now employed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Am Self Employed Name and address of employer: City of Chicago - Bldg 1205 IF YES, how much do you earn per month? \$ 2,200 IF NO, give month and year of last employment How much did you earn per month? \$ If married is your Spouse employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, how much does your Spouse earn per month? \$ If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$
	OTHER INCOME	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No RECEIVED SOURCES IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY \$ THE SOURCES
	CASH	Have you any cash on hand or money in savings or checking account <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, state total amount \$
	PROPERTY	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, GIVE THE VALUE AND DESCRIBE IT VALUE DESCRIPTION CHEV. 2007

OBLIGATIONS & DEBTS	DEPENDENTS	MARITAL STATUS <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED OR DIVORCED Total No. of Dependents 4 List persons you actually support and your relationship to them																			
	DEBTS & MONTHLY BILLS (LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.)	<table border="1"> <thead> <tr> <th>APARTMENT OR HOME</th> <th>Creditors</th> <th>Total Debt</th> <th>Monthly Payt.</th> </tr> </thead> <tbody> <tr> <td>1205</td> <td></td> <td>\$</td> <td>\$ 850</td> </tr> <tr> <td>City</td> <td></td> <td>\$</td> <td>\$ 350</td> </tr> <tr> <td>Chgo. P.</td> <td></td> <td>\$</td> <td>\$ 200</td> </tr> <tr> <td></td> <td></td> <td>\$</td> <td>\$</td> </tr> </tbody> </table>	APARTMENT OR HOME	Creditors	Total Debt	Monthly Payt.	1205		\$	\$ 850	City		\$	\$ 350	Chgo. P.		\$	\$ 200			\$
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		\$	\$																		

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date) 5/22/2008

SIGNATURE OF DEFENDANT
(OR PERSON REPRESENTED)